

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED NOV 9 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32318

State File No.

Registration District No. 64

Primary Registration District No. 5245

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Keytesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Junction - 24 and 5 Highway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) none

3. (a) PRINT FULL NAME FLORENCE MASTIN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife E. R. Mastin 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased March 19 - 1924  
(Month) (Day) (Year)

8. AGE: Years 24 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Keytesville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name E. Harley Randall  
13. Birthplace Donk, Ind. (City, town, or county) Indiana (State or foreign country)  
14. Maiden name Sallie Howe  
15. Birthplace Humbolt (City, town, or county) Ind. (State or foreign country)

16. (a) Informant E. R. Mastin

(b) Address Keytesville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director H. D. Barnett

(b) Address Keytesville Mo.

19. (a) 10/18/48 (Date received local registrar) (b) E. R. Mastin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton  
(c) City or town Keytesville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Head Injury

Due to Crushed Skull

Due to Collision of an automobile and a Gasoline Transport Truck

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 21

(b) Date of occurrence Oct 16 - 1948

(c) Where did injury occur? Keytesville Chariton Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Intersection 24 and 5 Highway

While at work? No (Specify type of place) (e) Means of injury Head injury and crushed chest

23. Signature H. D. Barnett 3 (M.D. or other)

Address Keytesville Mo. Date signed 10-16-48

District Health Officer No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed 11-8-48

NOV 22 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Lilburn Keith Tidwell

Licensed Embalmer No. 4508

P. O. Address Salisbury Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.